

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102003

1. Corporation Name

MINDLOFT CORPORATION

REINSTATEMENT 04-08

400133938364

08/04/08--01049--020 **758.75

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # DR.

2729 FOUNTAIN HEAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PLANO, TX

City & State

SAME

Zip

75023

Country

COLLIN

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-99

5. FEI Number

59 361 3365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BOB NELSON

Street Address (P.O. Box Number is Not Acceptable)

2817 E. OAKLAND PARK BLVD

Suite, Apt. #, Etc.

SUITE 302

City

FT. LAUDERDALE

State

FL

Zip Code

33306



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert Nelson

Date 7.31.08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/T	MALCOLM R. ROY	2729 FOUNTAIN HEAD DR	PLANO, TX 75023
D/S	MOYA SIGLER	"	"
D/P	MALCOLM E. ROY	"	"

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Malcolm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 1, 2008

Date

214-299
3991

Daytime Phone #

m.8/5